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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/784,729
Filing Date	February 23, 2004
First Named Inventor	Diegane Dione
Art Unit	3629
Examiner Name	Matthew L. Brooks
Attorney Docket Number	DSI-020US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Andrew L. Ney		
Signature			
Printed name	Andrew L. Ney		
Date	November 15, 2006	Reg. No.	20,300

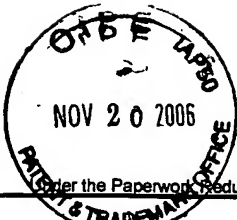
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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/784,729
Filing Date	February 23, 2004
First Named Inventor	Diegane Dione
Art Unit	3629
Examiner Name	Matthew L. Brooks
Attorney Docket Number	DSI-020US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

51242

☐ Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Diegane Dione

Date

10/25/2006

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(602) 432-8711

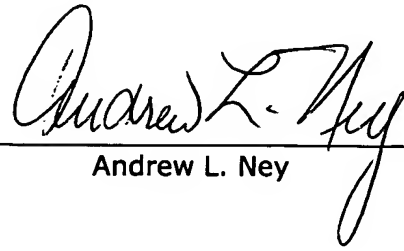
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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A handwritten signature in cursive script, reading "Andrew L. Ney", is positioned above a horizontal line. The signature is written in dark ink and is somewhat stylized, with the first letter of each name being large and prominent.

Andrew L. Ney